FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Nashington,	D.C. 20549	

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* <u>Kahli Beat</u>				2. Issuer Name and Ticker or Trading Symbol VOXX International Corp [VOXX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner Officer (give title Other (specify below)						
(Last) (First) (Middle) C/O AVALON PARK GROUP 3801 AVALON PARK EAST BLVD., SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 07/29/2022 4. (Annual Control of Cont													
(Street) ORLANDO FL 32828			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(St	ate) (2	Zip)															
		Table	I - Non	-Derivat	ive S	ecuriti	es A	cquir	ed, C	Disposed	of, or I	Benefic	cially Own	ed				
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/			e	Execution (ear) if any				ction Instr.	5)		d (A) or r. 3, 4 and	5. Amount of Securities Beneficially Owned Followin Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and					
Class A Common Stock 07			7/29/2022	2			P		10,000	A	\$9.52	4,850,0	4,850,000		P H	By Avalon Park Group Holding AG ⁽¹⁾		
Class A Common Stock											650,00	00	I		By Avalon Park International, LLC ⁽²⁾			
		Tal								sposed o			ally Owned	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 3)	stion of onstr. De Se Ac (A Di of (Ir	5. Numbe		ate Ex	ercisable and n Date ay/Year)	d 7. Tit Amo Secu Unde Deriv	le and unt of rities erlying vative irity (Instr	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (or Indir (I) (Insti	(D) Benefi Owner		
					Code	V (A) (D	Date) Exe	e ercisab	Expiration Date		Amount or Number of Shares	1 1					
1. Name ar <u>Kahli E</u>		Reporting Person*																
	ALON PAR	(First) K GROUP RK EAST BLVD	(Midd															
			., 50111															
(Street) ORLAN	DO	FL	3282	28														
(City)		(State)	(Zip)	ı														
		Reporting Person* Oup Holding A	<u>4G</u>															
(Last)	CHSTRAS	(First) SE 57	(Midd	dle)														

V8

(State)

8008

(Zip)

(Street) **ZURICH**

(City)

1. Beat M. Kahli is the controlling shareholder of Avalon Park Group Holding AG, formerly known as Kahli Holding AG. Kahli Holding AG changed its name to Avalon Park Group Holding AG. Jill Kahli, the wife of Mr. Kahli, is the only other shareholder of Avalon Park Group Holding AG.

2. Beat M. Kahli is the sole manager and controlling member of Avalon Park International, LLC.

Remarks:

<u>/s/ Beat M. Kahli</u> <u>07/29/2022</u>

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 07/29/2022

<u>AG</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.